

PATENT PROSECUTION RECEIPT OF FILING

139739

Venable Filing Number

Atty. Docket No.: 13346-205424

Title of Application: LIGHT WEIGHT PNEUMATIC AIR VEHICLE AND LAUNCHER

Application No.: 10/509,659

Patent No. :

Attorney/LAA:

RPA:cja

PTO Due Date: May 25, 2007

Current Date:

Filing Date: September 29, 2004

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

- ☒ **Transmittal Form SB-21**
- ☒ **Fee Transmittal Form SB-17**
- ☐ New U.S. Patent Application
(____ pages of specification/claims)
- ☐ Rule 53(d) Continued Prosecution Application
- ☐ Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
- ☐ U.S. National Stage Application of PCT Application
- ☐ Request for Continued Examination (RCE) under 37 CFR 1.114
- ☐ Application Data Sheet
- ☐ Substitute Specification
- ☐ Priority Document-Cert. Copy of
- ☐ Appln.#:____; Country:____; Date Filed:____
- ☐ Formal Drawings (____ sheets, Figs.)
- ☐ Inventor Declaration
- ☐ Assignment w/Cover Sheet
- ☐ Response to Notice to File Missing Parts
- ☐ Response to Notice to File Missing Requirements
- ☒ **Response to Restriction Requirement**
- ☒ **Yellow filing receipt**
- ☐ Response
- ☐ Amendment / Preliminary Amendment
- ☐ Petition/Request for Extension of Time (mo. ext.)
- ☐ Power of Attorney
- ☐ Terminal Disclaimer
- ☐ Notice of Appeal
- ☐ Appeal Brief (in triplicate) / Reply Brief (in triplicate)
- ☐ Request for Oral Hearing
- ☐ Confirmation of Hearing Petition
- ☐ Issue Fee Transmittal
- ☐ Certificate of Correction
- ☐ Maintenance Fee Transmittal
- ☐ Status Inquiry
- ☐ Other: *(Please describe below)*

- ____ Filing Fee
- ____ Search Fee
- ____ Examination Fee
- ____ Additional Claim Fee
- ____ Extension Fee
- ____ IDS Fee
- ____ Recordation Fee
- ____ Notice of Appeal Fee
- ____ Brief on Appeal
- ____ Oral Hearing Request Fee
- ____ Petition Fee
- ____ Issue Fee
- ____ Maintenance Fee
- ____ Other Fees (Describe)
- ____
- ____
- 0.00 **Total Fees Paid**

Charge the above fees as follows:

- ☐ USPTO Deposit Account No. 22-0261
- ☐ USPTO Deposit Account No. _____
- ☒ USPTO not to charge any Deposit Account

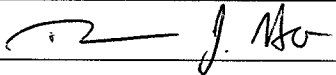
Reviewed By:

Signature of Attorney

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/509,659
		Filing Date	September 29, 2004
		First Named Inventor	Stephen W. Miller
		Art Unit	3643
		Examiner Name	D. A. Jones
Total Number of Pages in This Submission		Attorney Docket Number	13346-205424

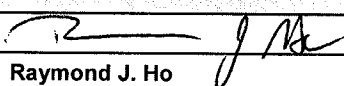
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Response to Restriction Requirement <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Remarks </div>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Raymond J. Ho		
Date		Reg. No.	41,838

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/509,659	
		Filing Date	September 29, 2004	
		First Named Inventor	Stephen W. Miller	
		Examiner Name	D. A. Jones	
		Art Unit	3643	
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	Attorney Docket No.	13346-205424

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
_____ - 20 = _____ x _____ = _____			<u>Fee (\$)</u> <u>Fee Paid (\$)</u>				
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
_____ - 3 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	41,838
Name (Print/Type)	Raymond J. Ho	Telephone	(703) 760-1681
		Date	